

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

19/98

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3					1		53						
4						1	54						
5							55						
6						1	56						
7							57						
8						1	58						
9							59						
10						1	60						
11							61						
12						1	62						
13							63						
14						1	64						
15							65						
16						1	66						
17							67						
18						1	68						
19							69						
20						1	70						
21							71						
22						1	72						
23							73						
24						1	74						
25							75						
26						1	76						
27							77						
28						1	78						
29							79						
30						1	80						
31							81						
32						1	82						
33							83						
34						1	84						
35							85						
36						1	86						
37							87						
38						1	88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.				34			TOTAL DEP.						
TOTAL CLAIMS			38				TOTAL CLAIMS						